Certification Board for Alcohol and Drug Professionals (CBADP)

3101 West 41st Street, Suite 205, Sioux Falls, SD 57105

Phone: 605-332-2645 Fax: 605-332-6778

Email: cbadp@midconetwork.com Web: www.dhs.sd.gov/brd/CBADP

## APPLICATION FOR COUNSELOR TRAINEE RECOGNITION OR COUNSELOR TRAINEE RENEWAL

**INITIAL COUNSELOR TRAINEE RECOGNITION**: College and/or high school transcripts must be submitted with your initial trainee recognition application. Fees are prorated from the month of the application to the last day of the month of your birth, at a rate of \$12.50 per month. Please calculate the fees beginning the month of application to the end of the month of your birth. Example: If an individual applies for trainee recognition in June and has a birth month of December, the payment would be \$87.50 (\$12.50 x 7).

**COUNSELOR TRAINEE RENEWAL**: After the initial recognition period, Trainees will renew their recognition annually in their birth month. The annual renewal fee is \$100.00 and becomes due on the last day of your birth month. You will be sent an invoice and renewal application the month prior to your renewal date. If the application and fees are not postmarked by the last day of the month of your birth, you will be assessed a \$50.00 late fee. You will then be given a 30-day grace period. If you do not renew by the last day of the month following your birth month, your trainee status will lapse. You will then be required to reapply for trainee recognition status.

**FOR TRAINEE STATUS:** Complete the attached application in its entirety and return it with the required fee (see above) to: CBADP, 3101 West 41<sup>st</sup> Street, Suite 205, Sioux Falls, SD 57105. Counselor Trainees must be supervised by a qualified addiction professional (CCDC II or CCDC III) throughout the entire recognition period. The supervisor cannot be a relative of the trainee. Trainees who continue to work without trainee status will be reported to the Ethics Committee. Therefore, it is imperative you renew your trainee status prior to the expiration date on your certificate.

Applicants must have a minimum of a high school diploma or general education diploma (GED). Trainees must complete nine (9) semester hours of the following course work within two (2) years from the date of initial trainee recognition:

- Introduction to Alcohol Use and Abuse (3 semester hours)
  - OR
  - Introduction to Drug Use and Abuse (3 semester hours)
- Alcohol and Drug Group Counseling (3 semester hours)
- Professional Ethics for the CD Counselor (3 semester hours)

Trainee Recognition status will be granted for ten (10) testing cycles, or approximately five (5) years. Trainees must meet all requirements for a minimum of CCDC I certification by the end of their recognition period and at the time of application for certification.

Trainees will need to submit twenty (20) hours of continuing education every two (2) years. This means you will have to begin obtaining continuing education at a rate of ten (10) hours per year. Beginning July 1, 2010, the CBADP will be accepting continuing education only in the month of your birth. Please refer to the standards manual and check with your supervisor for guidance on continuing education procedures and approval.

Trainees completing work experience in agencies other than those accredited or recognized by the Division of Alcohol and Drug Abuse must submit documents including the agency brochure, statement of philosophy, and/or mission which will provide documentation of acceptable work experience.

If for any reason your supervision or work experience ends or is interrupted, please contact the CBADP Administrative Office to place your Trainee Recognition on inactive status. This will prevent your time from running out prior to the completion of all academic and experience requirements. Trainee Recognition can be reactivated at any time by completing a Trainee Renewal Application and paying the appropriate fees.

The CBADP is required to comply with SDCL 25-7A-56 which is a prohibition against the issuance of professional license, registration, certification, or permit of application in the event of child support arrearage. Applicants listed on the State Registry will not be granted Trainee Recognition, Certification or Recertification until arrangements have been made with the Department of Social Services, Office of Child Support Enforcement and the individual's name is cleared via monthly written reports from that office.

If you have any questions or need additional information, please feel free to contact the CBADP Administrative Office.

## Application for Counselor Trainee Status

A check or money order must accompany this application.

CHECK ONE:				
	olication for initial <b>Tra</b>	ninee Recognition r high school transcripts	s.)	
П Арр	plication for <b>Trainee 1</b>	Renewal		
PERSONAL DATA:				
Name:				
First	Middle	Last	Maiden	
Home Address:				
City:		State:	Zip:	
Home Phone:		Cell Phone:		
Work Phone:		Work Fax:		
Email:				
Social Security #:		Birth Date:		
CURRENT EMPLOY	MENT:			
Agency Name:				
Agency Mailing Addre	ss:			
City:		State:	Zip:	
Job Title:				
Name of CCDC Superv	visor:			
STATISTICAL INFO	RMATION: (This info	rmation is used for statis	stical purposes only.)	
Gender: Fem Mal			African American American Indian Asian/Pacific Islander Caucasian	
			Hispanic/Latino Other:	

#### Educational/Academic Data

High School Attended:

Competency **OR**Special Populations

CD-Specific Elective

Date of Graduation:						
GED:	Date:					
Where Issued:						
COLLEGE/UNIV	ERSITY:					
Name		Location	Enrolled From	Enrolled T	o Degr	ee(s) Earned
SPECIALIZED EDUCATION DOCUMENTATION:						
SPECIALIZED E	EDUCATIO	ON DOCUME	NTATION:			
			NTATION: sess must equal 3 or more seme	ester credits and	earn a "C"	grade or higher.
	Name of College or		rses must equal 3 or more seme	ester credits and  Credit Hours	earn a "C"  Term  Taken	grade or higher.
List all completed specia	lized education	Prefix - Course	rses must equal 3 or more seme	Credit	Term	
List all completed special Requirement	Name of College or University	Prefix - Course Number	rses must equal 3 or more seme  Name of Course	Credit Hours	Term Taken	Grade
Requirement  Example Intro to Alcohol Use and Abuse	Name of College or University	Prefix - Course Number	rses must equal 3 or more seme  Name of Course	Credit Hours	Term Taken	Grade
Requirement  Example Intro to Alcohol Use and Abuse Intro to Drug Use	Name of College or University	Prefix - Course Number	rses must equal 3 or more seme  Name of Course	Credit Hours	Term Taken	Grade
Requirement  Example Intro to Alcohol Use and Abuse Intro to Drug Use and Abuse	Name of College or University	Prefix - Course Number	rses must equal 3 or more seme  Name of Course	Credit Hours	Term Taken	Grade
Requirement  Example Intro to Alcohol Use and Abuse Intro to Drug Use and Abuse Foundations of	Name of College or University	Prefix - Course Number	rses must equal 3 or more seme  Name of Course	Credit Hours	Term Taken	Grade
Requirement  Example Intro to Alcohol Use and Abuse Intro to Drug Use and Abuse Foundations of Individual Counseling	Name of College or University	Prefix - Course Number	rses must equal 3 or more seme  Name of Course	Credit Hours	Term Taken	Grade
Requirement  Example Intro to Alcohol Use and Abuse Intro to Drug Use and Abuse Foundations of Individual Counseling Alcohol & Drug	Name of College or University	Prefix - Course Number	rses must equal 3 or more seme  Name of Course	Credit Hours	Term Taken	Grade
Requirement  Example Intro to Alcohol Use and Abuse Intro to Drug Use and Abuse Foundations of Individual Counseling Alcohol & Drug Group Counseling	Name of College or University	Prefix - Course Number	rses must equal 3 or more seme  Name of Course	Credit Hours	Term Taken	Grade
Requirement  Example Intro to Alcohol Use and Abuse Intro to Drug Use and Abuse Foundations of Individual Counseling Alcohol & Drug	Name of College or University	Prefix - Course Number	rses must equal 3 or more seme  Name of Course	Credit Hours	Term Taken	Grade
Requirement  Example Intro to Alcohol Use and Abuse Intro to Drug Use and Abuse Foundations of Individual Counseling Alcohol & Drug Group Counseling Alcohol & Drug Treatment Continuum Professional Ethics	Name of College or University	Prefix - Course Number	rses must equal 3 or more seme  Name of Course	Credit Hours	Term Taken	Grade
Requirement  Example Intro to Alcohol Use and Abuse Intro to Drug Use and Abuse Foundations of Individual Counseling Alcohol & Drug Group Counseling Alcohol & Drug Treatment Continuum Professional Ethics for the CD Counselor	Name of College or University	Prefix - Course Number	rses must equal 3 or more seme  Name of Course	Credit Hours	Term Taken	Grade
Requirement  Example Intro to Alcohol Use and Abuse Intro to Drug Use and Abuse Foundations of Individual Counseling Alcohol & Drug Group Counseling Alcohol & Drug Treatment Continuum Professional Ethics for the CD Counselor Counseling Families	Name of College or University FSU	Prefix - Course Number	rses must equal 3 or more seme  Name of Course	Credit Hours	Term Taken	Grade
Requirement  Example Intro to Alcohol Use and Abuse Intro to Drug Use and Abuse Foundations of Individual Counseling Alcohol & Drug Group Counseling Alcohol & Drug Treatment Continuum Professional Ethics for the CD Counselor	Name of College or University FSU	Prefix - Course Number	rses must equal 3 or more seme  Name of Course	Credit Hours	Term Taken	Grade

<sup>\*</sup>Within two years of achieving Trainee Recognition status, you must submit proof of completion of 9 semester hours in: Intro to Alcohol Use or Intro to Drug Use (3); Group Counseling (3); and, Ethics (3).

#### Professional Code of Ethics

The Professional Code of Ethics applies equally to all Certified Chemical Dependency Counselors, Certified Prevention Specialists, Trainees, Interns, and individuals in the process of applying for certification. The Certification Board for Alcohol and Drug Professionals (CBADP) believes that all people have rights and responsibilities through every stage of human development. The goal of the CBADP is for addiction professionals to treat everyone with the dignity, honor, and reverence that is fitting to them.

The Professional Code of Ethical Conduct entitles human beings to the physical, social, psychological, spiritual, and emotional care necessary to meet their individual needs. All Certified Professionals, Trainees, and Interns have a responsibility to adhere to the following guiding principles:

- 1. That I have a total commitment to provide the highest quality of care for those people who seek my professional services.
- 2. That I will dedicate myself to the best interests of clients and assist them to help themselves.
- 3. That at all time, I shall maintain a professional relationship with clients.
- 4. That I will be willing, when I recognize that it is in the best interest of the client, to release or refer them to another program or professional.
- 5. That I shall adhere to the laws of confidentiality and professional responsibility of all records, materials, and knowledge concerning clients.
- 6. That I shall not in any way discriminate against clients or other professionals.
- 7. That I shall respect the rights and views of other professionals and clients.
- 8. That I shall maintain respect for institutional policies and management functions within agencies and institutions, but I will take the initiative toward improving such policies if it will best serve the interest of clients.
- 9. That I have a commitment to assess my own personal strengths, limitations, biases, and effectiveness on a continuing basis; that I shall continuously strive for self-improvement and professional growth through further education and/or training.
- 10. That I have a responsibility for appropriate behavior in all areas of my professional and private life, and to provide a positive role model especially in regard to the personal use of alcohol and other drugs.
- 11. That I have a responsibility to myself, my clients, and other associates to maintain my physical and mental health.
- 12. That I respect the client's right to worship or not, according to their conscience and beliefs, and that I will not impose my own beliefs, values, or standards upon them.
- 13. That I have a professional responsibility to understand and appreciate different cultures for persons whom are or may be in my care or are recipients of my professional services. I will demonstrate sensitivity to cultural differences in my professional practices.
- 14. That I have a regard for an individual's needs and rights to equal protection and due process under the laws of the State of South Dakota.

Private conduct is a personal matter, except when such conduct compromises the fulfillment of professional responsibilities or may endanger the health or safety of clients who are or may be under my care. As a professional, I have a responsibility to report, whether obvious or perceived, any ethical violations or concerns related to my peers.

will be grounds for disciplinary action and sanctions.	
By checking this box, I hereby attest that I have re Standards of Practice of the Certification Board f	ead and will comply with the 2004 Codes of Ethics and for Alcohol and Drug Professionals.
The Codes of Ethics can be viewed and/or printed at: <a href="www.dh">www.dh</a> Codes of Ethics and have not checked the box above will not be	
Signature of Trainee	 Date

I understand and subscribe to the preceding professional code of ethics and understand that any violation of the principles

#### **Authorizations and Releases**

I hereby attest that I have not been convicted of, plead guilty, or no contest, to any felony, or to any crime involving moral turpitude, or like offense within the past five years.

I hereby understand that being convicted of, or pleading guilty, or no contest, before a court in this state or any other state, or before any federal court for any offense punishable as a felony, or like sanction, will be grounds for denial of, or revocation of certification, recertification, or trainee recognition.

I hereby understand that if I have had a felony conviction, and/or pled guilty, or no contest, or received a suspended imposition of sentence, it must have been at least five (5) years prior to the date of application for trainee recognition, student internship status, certification or recertification. I also understand that all sentencing requirements must be completed or satisfied prior to the date of application for any of the above.

I confirm that I have not been denied certification or licensure or had any disciplinary sanctions against me from this or any other certifying or licensing authority in this or any other state. If I have been denied or had disciplinary action, I have notified the Certification Board for Alcohol and Drug Professionals (CBADP) in writing of this action.

I hereby authorize the CBADP to release to any agency, facility, organization, or individual any and all information necessary for verification of credentials.

I hereby authorize any agency, facility, organization, or individual to release any and all information necessary to fully and properly evaluate my application before the CBADP. The CBADP reserves the right to request further information or documentation to evaluate the application and/or professional competence of individuals.

I hereby release and hold harmless the CBADP, its Board of Directors, its officers, its employees, and any agency, facility, organization, or individual from any and all manner of suits, actions, claims, and judgments which might arise from such efforts to further substantiate and document my application.

I hereby understand that the CBADP can deny or revoke certification, trainee recognition, or student internship status on the basis of misrepresentation on my application, or any other application, to include intentionally false or misleading statements or intentional omissions. I understand that I will be barred from applying for certification or recertification for not less than two (2) years if it is proven that I have misrepresented the facts on any aspect of my application, or any other application, for trainee recognition, student internship status, certification or recertification.

I hereby certify that the information contained herein is correct and true, and that I understand the application and these authorizations and releases.

On the line below, please print your name the way you would like it to appear on your certificate:				
Signature of Trainee	Date			

## **Supervision Data**

# The Clinical Supervisor must complete this page and the 'Clinical Supervisor Code of Ethics' page. The Supervisor must be at the level of CCDC II or CCDC III.

#### PERSONAL DATA:

Name:				
First	Middle	Last		Maiden
Home Address:				
City:		State:	Zip:	
Home Phone:		Cell Phone:		
Work Phone:		Work Fax:		
Email:				
CURRENT EMPLOYMENT:				
Agency Name:				
Agency Mailing Address:				
City:		State:	Zip:	
Job Title:				
CERTIFICATION(S):				
CCDC Level:		Certificate Nu	mber:	
CPS:		Certificate Nu	mber:	
EDUCATION/EXPERIENCE:				
Educational Level:				
Years of Experience in the field: _				
Years of Experience in Clinical Su	pervision.			

### Clinical Supervisor Code of Ethics

Clinical Supervision is the process of upholding the ethical standards of the profession and ensuring the professional development of those in training. Clinical Supervisors shall be the professional agent assuming the responsibility for overseeing the processes of ethical development and clinical practice.

Clinical Supervisors shall uphold the Professional Code of Ethics for Addiction Professionals in addition to this Clinical Supervisor Code of Ethics. Clinical supervision embraces a potential ethical vulnerability; therefore clinical supervisors shall recognize their influence on the development of human behavior and those under their supervision. They shall be aware of ethical and legal ramifications of the supervision process. Clinical Supervisors shall be responsible for self-evaluation and be accountable to professional review as is consistent within the current scope of addiction services and standards.

The Clinical Supervisor Professional Code of Ethical Conduct is derived from the above ethical principals and is designed to help ensure that Counselor Trainees receive the supervision necessary for professional development. Clinical Supervisors have a responsibility to adhere to the following professional code:

- 1. That I have a commitment to provide the highest quality of clinical supervision to advance the welfare of the trainees and their clients. I shall respect the rights of those persons seeking supervision and make reasonable efforts to ensure that my services are used appropriately.
- 2. That I shall maintain professional relationships and not exploit the trust and dependency of Trainees and colleagues. I shall not enter into dual relationships that result in ethical compromise or conflict of interest.
- 3. That I shall be willing, when it is in the best interest of the Trainee, to release or refer them to another program or supervisor.
- 4. That I shall protect the unique confidentiality concerns, abide by 42 CFR 2, and state laws, within the parameters of supervision.
- 5. That I shall respect and guard confidences of trainees and restrict disclosure of information for professional purposes with regard for agency personnel policies and existing laws and regulations.
- 6. That I shall maintain those records necessary to provide an accurate assessment of the trainees' abilities and training needs and to record that supervision has been provided in accordance with the CBADP policies and procedures, and the administrative rules and laws of South Dakota. I shall limit my supervisory documentation or verification of information to that which was completed under my direct supervision.
- 7. That I shall alert the appropriate individuals and authorities to conditions that may be disruptive or damaging.
- 8. That I shall respect the dignity and protect the rights and welfare of participants in research. I shall maintain the federal and state laws and regulations, and professional standards governing the conduct of research.
- 9. That I shall disclose financial arrangements and any fee structure to trainees and agencies in such a way as to be reasonably understandable and in conformance with accepted professional practices.
- 10. That I shall accurately represent my professional education, training and qualifications to trainees and agencies to enable an informed selection of professional services.
- 11. That I shall have a commitment to maintain a professional level of knowledge and competence through ongoing education and training in clinical supervision.

I affirm, understand and will adhere to the preceding professional code of ethics and understand that any violation of the
principles will be grounds for disciplinary action and sanctions in accordance with CBADP policies and procedures as
outlined in the Standards Manual and the laws of the State of South Dakota. I understand that ethical violations can result
in disciplinary actions and sanctions prohibiting any further clinical supervision of Trainees recognized by the CBADP
and/or my certification as a Certified Chemical Dependency Counselor.
By checking this box, I hereby attest that I have read and will comply with the 2004 Codes of Ethics and Standards of Practice of the Certification Board for Alcohol and Drug Professionals.

Signature of Supervisor	Date	